U.S. Depa∜ment of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



3. Name and address of person filing.

1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 /

Name and address of person filing.	4. Name	4. Name, file number, and address of labor organization.			
Name Gregg Vershay	Name	IBEW Local 1	_76		
	Labor	Organization File Nu	umber 028-86	5	
P.O. Box, Bldg., Room No., if any	P.O. E	Box, Building and Ro	om Number, if any	/ · · · · · · · · · · · · · · · · · · ·	
Street 361 Wilcox	Street	1100		***************************************	
City Joliet	City	NE Frontage	Rd.		
State Illinois ZIP Code + 4 60435	State	Illinois		ZIP Code + 4	60431
5. Position in labor organization.					***************************************
Enter appropriate data below If, during the past fiscal year, you or your specified in the except as specified in the except as specified in the except an interest in, engaged in transactions (including loans) with, or	clusions set f	orth in the instructio	ns):		nterests
monetary value from an employer whose employees your organizable. S. Name and address of Employer (including trade name, if any).		sents or is actively are of Interest, Trans		sent.	
riame and address of Employer (moduling trade fiame, if any).		are of filterest, frams	action, or income.		
Name			action, of income.		
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Name The state of the state			action, of meame.		
Name Trade Name, if any:	7.b. Amc		action, of micome.		
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any					
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street			action, of micome.		
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Sig	7.b. Amc	punt.			
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.b. Amo	bunt.	enalties of the law,	that all of the information and is, to the	ormation e best of the
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Sig 15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany).	7.b. Amo	bunt.	enalties of the law,	ory and is, to the	ormation e best of the

Name of Person Filing Gregg Vershay	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise				
8. Name and address of Business (including trade name, if any). Name Arnold & Kadjan Trade Name, if any: Attorney P.O. Box, Bldg., Room No., if any Street 19 W. Jackson Blvd. City Chicago State Illinois ZIP Code + 4 60604	9. Business deals with: X a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing.				
10. If 9.b. or 9.c. is checked give trust or employer's name.	Arnold & Kadjan is the labor union's legal counsel				
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$19,449 12.a. Nature of interest held or income received. Holiday party dinner 12/3/04				
	12.b. Amount. \$298				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.				